



# INTERSCHOLASTIC EVENTING LEAGUE APPLICATION FORM

**MEMBERSHIP VALID FROM DECEMBER 1 TO NOVEMBER 30 EACH YEAR**

CLUB NAME: \_\_\_\_\_ USEA AREA: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## DESIGNATED REPRESENTATIVE

*This person will be listed on the website and will act as the liaison between the team and the USEA. Representative must be 18 years of age or older, a USEA Member, and SafeSport certified.*

NAME: \_\_\_\_\_ USEA #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## ECP CERTIFIED COACH

*If applicable (must be a current USEA member)*

NAME: \_\_\_\_\_ USEA #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## APPLICATION FEE: \$75.00

Enclosed is my check made payable to USEA (check must accompany application form) OR

Charge my:  Visa  Master Card  American Express

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### MAIL APPLICATION TO:

U.S. Eventing Association | Attn: Member Services Dept. | 525 Old Waterford Rd, NW | Leesburg, VA 20176

Phone: (703) 779-0440 | Fax: (703) 779-0550 | Email: Jennifer@useventing.com